



STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916)263-2560

Internet: www.ptbc.ca.gov



Address Change and/or Duplicate Wall/Wallet Certificate Request Form

Please check all that apply:

- ☐ Address Information Update (**No Charge**) – Fill out Section 1
☐ Duplicate Wall*/Wallet Certificate (**\$50.00 each**) – Fill out Sections 1& 2

* For PT only: Wall certificates are only issued to Physical Therapists

To process your request complete this form and return it to the above address with the required fees attached. DO NOT submit a fee if you are solely submitting information to update your license record. Type or print neatly. THE BOARD WILL RETURN ALL INCOMPLETE FORMS.

Section 1. Address & Information Update

(A wallet certificate will not be automatically issued by changing your address. To receive a new wallet certificate you will need to submit the required fee and complete sections 1 & 2)

Name: _____
First Name Middle Name Last Name

License Number(s): _____
(If you have more than one license type with the Board list them all, current or delinquent)

Phone Number: (____) _____ **Date of Birth:** _____

Old Mailing Address:

Street Address City County State Zip Code

New Mailing Address: (Public Address of Record or PO Box)

Street Address City County State Zip Code

Residence Address: (If Different from Mailing Address)

Street Address City County State Zip Code

Date Address of Record Changed:

(Not the date the change was submitted to the PTBC)

Month/Date/Year

Identifying Marks: _____

I declare under penalty of perjury under the laws of the State of California that the information contained in this document is true and correct. Should I furnish any false information in this document, I hereby agree that it shall constitute cause for denial, suspension, or revocation of my license to practice as a physical therapist or physical therapist assistant in the State of California. I understand the Board is authorized to verify any information contained in this document.

Licensee's Signature

Date

Section 2. Request for Duplicate Wall/Wallet Certificate(s)

When requesting a duplicate wall/wallet certificate, except due to loss, the original certificate must be returned with this request. Please allow 4-6 weeks to receive your duplicate wallet and/or wall certificate. If any information in this section is incomplete or does not match our records, the issuance of a duplicate license/certificate could be delayed or denied.

Personal Information: (For identity Verification Purposes)

School of Physical Therapy Education: _____
(If you are a PTA licensed by Equivalent Training and Experience enter "Licensed By Equivalency")

Year of Graduation: _____
(If you are a PTA licensed by Equivalent Training and Experience enter "Not Applicable")

Last 4 Digits of Social Security Number: _____

Date of Birth: _____

I _____ hereby certify that I am currently licensed to practice in the State of
Full Name

California as a _____ and I am the holder of license # _____.
Physical Therapist/Physical Therapist Assistant

Said _____ certificate was _____ on or about _____.
Wall or Wallet Stolen, Lost, Destroyed, etc. Date

Licensee's Signature Date

For Board and Cashiering Use Only

Receipt #: _____

Amount: \$ _____

Check #: _____

ATS#: _____

Date: _____

Initials: _____